

B26 (Official Form 26) (12/08)

United States Bankruptcy Court
Northern District of Illinois

In re Boulos F. Estafanous,

Case No. 17-09908

Debtor

Chapter 11

**PERIODIC REPORT REGARDING VALUE, OPERATIONS AND PROFITABILITY OF
ENTITIES IN WHICH THE ESTATE OF [NAME OF DEBTOR]
HOLDS A SUBSTANTIAL OR CONTROLLING INTEREST**

This is the report as of 3/29/17 on the value, operations and profitability of those entities in which the estate holds a substantial or controlling interest, as required by Bankruptcy Rule 2015.3. The estate of [Name of Debtor] holds a substantial or controlling interest in the following entities:

Name of Entity	Interest of the Estate	Tab #
Ossamas, Inmc.	100%	1

This periodic report (the “Periodic Report”) contains separate reports (“Entity Reports”) on the value, operations, and profitability of each entity listed above.

Each Entity Report shall consist of three exhibits. Exhibit A contains a valuation estimate for the entity as of a date not more than two years prior to the date of this report. It also contains a description of the valuation method used. Exhibit B contains a balance sheet, a statement of income (loss), a statement of cash flows, and a statement of changes in shareholders’ or partners’ equity (deficit) for the period covered by the Entity Report, along with summarized footnotes. Exhibit C contains a description of the entity’s business operations.

THIS REPORT MUST BE SIGNED BY A REPRESENTATIVE OF THE TRUSTEE OR DEBTOR IN POSSESSION.

The undersigned, having reviewed the above listing of entities in which the estate of [Debtor] holds a substantial or controlling interest, and being familiar with the Debtor’s financial affairs, verifies under the penalty of perjury that the listing is complete, accurate and truthful to the best of his/her knowledge.

B26 (Official Form 26) (12/08) Cont.

Date: 4/24/17

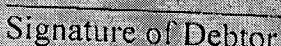

Signature of Authorized Individual

Boulder Stationous
Name of Authorized Individual

PTE
Title of Authorized Individual

[If the Debtor is an individual or in a joint case]

Signature(s) of Debtor(s) (Individual/Joint)


Signature of Debtor


Signature of Joint Debtor

Date	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Averages
Gross Income	\$41,477	\$41,849	\$43,905	\$43,484	\$42,953	\$44,066	\$42,956
Salaries	(\$2,700)	(\$2,700)	(\$2,700)	(\$2,700)	(\$2,700)	(\$2,700)	
Maintenance	(\$200)	\$0	(\$176)	(\$952)	(\$502)	(\$552)	
Rents	(\$7,800)	(\$7,800)	(\$7,800)	(\$7,800)	(\$7,800)	(\$7,800)	
Licenses and Misc	(\$216)	(\$216)	(\$216)	(\$216)	(\$216)	(\$216)	
Depreciations	(\$125)	(\$125)	(\$125)	(\$125)	(\$125)	(\$125)	
Deductions	(\$18,685)	(\$18,685)	(\$18,685)	(\$18,685)	(\$18,685)	(\$18,685)	
Line of Credit	(\$360)	(\$360)	(\$360)	(\$360)	(\$360)	(\$360)	
plaza mortgage	(\$8,130)	(\$8,130)	(\$8,130)	(\$8,130)	(\$8,130)	(\$8,130)	
Balance	\$3,261	\$3,833	\$5,713	\$4,517	\$4,435	\$5,498	\$5,230.74

Form 1120S

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

OMB No. 1545-0123

2016

► Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
► Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

For calendar year 2016 or tax year beginning , 2016, ending

A S election effective date	3/01/1993	B Business activity code number (see instrs)	TYPE OR PRINT	OSSAMAS, INC BOULOS ESTAFANOUS 5100 SOUTH CORNELL CHICAGO, IL 60615	D Employer identification number	3
C Check if Schedule M-3 attached	<input type="checkbox"/>	E Date incorporated		2/18/1993	F Total assets (see instructions)	\$ 763,163.

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If 'Yes,' attach Form 2553 if not already filed

H Check if: (1) Final return (2) Name change (3) Address change
(4) Amended return (5) S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year. ► 1

Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

INCOME SEE INSTRS	1a Gross receipts or sales	1a 353,318.	1c 353,318.
	b Returns and allowances	1b	
c Balance. Subtract line 1b from line 1a		2	
2 Cost of goods sold (attach Form 1125-A)		3 353,318.	
3 Gross profit. Subtract line 2 from line 1c		4	
4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)		5	
5 Other income (loss) (see instrs - att statement)		6 353,318.	
6 Total income (loss). Add lines 3 through 5		7 16,000.	
7 Compensation of officers (see instructions - attach Form 1125-E)		8 12,702.	
8 Salaries and wages (less employment credits)		9 2,643.	
9 Repairs and maintenance		10	
10 Bad debts		11 45,600.	
11 Rents		12 2,352.	
12 Taxes and licenses	See Statement 1	13 889.	
13 Interest		14 1,351.	
14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		15	
15 Depletion (Do not deduct oil and gas depletion.)		16 13,011.	
16 Advertising		17	
17 Pension, profit-sharing, etc, plans		18	
18 Employee benefit programs	See Statement 2	19 260,716.	
19 Other deductions (attach statement)		20 355,264.	
20 Total deductions. Add lines 7 through 19		21 -1,946.	
21 Ordinary business income (loss). Subtract line 20 from line 6			
22a Excess net passive income or LIFO recapture tax (see instructions)	22a		
b Tax from Schedule D (Form 1120S)	22b		
c Add lines 22a and 22b (see instructions for additional taxes)	22c		
23a 2016 estimated tax payments and 2015 overpayment credited to 2016	23a		
b Tax deposited with Form 7004	23b		
c Credit for federal tax paid on fuels (attach Form 4136)	23c		
d Add lines 23a through 23c	23d		
24 Estimated tax penalty (see instructions). Check if Form 2220 is attached	► <input type="checkbox"/>		
25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	24		
26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	25 0.		
27 Enter amount from line 26 Credited to 2017 estimated tax	26		
	27		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

► Signature of officer Date ► President Title

May the IRS discuss this return with the preparer shown below (see instructions)?

Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RICHARD BENJAMIN	RICHARD BENJAMIN			P01509668
	Firm's name ► Accurate Tax Service			Firm's EIN ►	363431140
	Firm's address ► 3247 West 79th Street Chicago, IL 60652			Phone no.	(773) 471-1040

Form 1120S (2016) OSSAMAS, INC

Schedule B Other Information (see instructions)

	Yes	No		
1 Check accounting method. a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ►				
2 See the instructions and enter the: a Business activity ► HAIR DESIGNERS b Product or service. ► SERVICE				
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X		
4 At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X		
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below				X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum % Owned in Profit, Loss, or Capital
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.				X
(i) Total shares of restricted stock				►
(ii) Total shares of non-restricted stock				►
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.				X
(i) Total shares of stock outstanding at the end of the tax year				►
(ii) Total shares of stock outstanding if all instruments were exercised				►
6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?				X
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.				► <input type="checkbox"/>
8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions).			► \$	
9 Enter the accumulated earnings and profits of the corporation at the end of the tax year			\$	
10 Does the corporation satisfy both of the following conditions? a The corporation's total receipts (see instructions) for the tax year were less than \$250,000. b The corporation's total assets at the end of the tax year were less than \$250,000 If "Yes," the corporation is not required to complete Schedules L and M-1.				X
11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction			\$	X
12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions				X
13a Did the corporation make any payments in 2016 that would require it to file Form(s) 1099? b If "Yes," did the corporation file or will it file required Forms 1099?				X

Form 1120S (2016)

Form 1120S (2016) OSSAMAS, INC

3 Page 3
Total amount

Schedule K Shareholders' Pro Rata Share Items				
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	-1,946.	
	2 Net rental real estate income (loss) (attach Form 8825)	2		
	3a Other gross rental income (loss)	3a		
	b Expenses from other rental activities (attach statement)	3b		
	c Other net rental income (loss). Subtract line 3b from line 3a.	3c		
	4 Interest income	4		
	5 Dividends: a Ordinary dividends	5a		
	b Qualified dividends	5b		
	6 Royalties	6		
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7		
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a			
b Collectibles (28%) gain (loss)	8b			
c Unrecaptured section 1250 gain (attach statement)	8c			
9 Net section 1231 gain (loss) (attach Form 4797)	9			
10 Other income (loss) (see instructions) Type ▶	10			
Deductions	11 Section 179 deduction (attach Form 4562)	11		
	12a Charitable contributions	12a		
	b Investment interest expense	12b		
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c (2)		
Credits	13a Low-income housing credit (section 42(j)(5))	13a		
	b Low-income housing credit (other)	13b		
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c		
	d Other rental real estate credits (see instrs) Type ▶	13d		
	e Other rental credits (see instrs) Type ▶	13e		
	f Biofuel producer credit (attach Form 6478)	13f		
	g Other credits (see instructions) Type ▶	13g		
	Foreign Transactions	14a Name of country or U.S. possession ▶	14b	
		b Gross income from all sources	14c	
c Gross income sourced at shareholder level		14d		
Foreign gross income sourced at corporate level		14e		
d Passive category		14f		
e General category		14g		
f Other (attach statement)		14h		
Deductions allocated and apportioned at shareholder level		14i		
g Interest expense		14j		
h Other		14k		
Deductions allocated and apportioned at corporate level to foreign source income		14l		
i Passive category		14m		
j General category				
k Other (attach statement)				
Other information				
l Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued				
m Reduction in taxes available for credit (attach statement)				
n Other foreign tax information (attach statement)				
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a		
	b Adjusted gain or loss	15b		
	c Depletion (other than oil and gas)	15c		
	d Oil, gas, and geothermal properties – gross income	15d		
	e Oil, gas, and geothermal properties – deductions	15e		
	f Other AMT items (attach statement)	15f		
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a		
	b Other tax-exempt income	16b		
	c Nondeductible expenses	16c		
	d Distributions (attach stmt if required) (see instrs)	16d		
	e Repayment of loans from shareholders	16e		

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount
Other Information	17a Investment income b Investment expenses. c Dividend distributions paid from accumulated earnings and profits. d Other items and amounts (attach statement)	17a 17b 17c
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column From the result, subtract the sum of the amounts on lines 11 through 12d and 14l.	18 -1,946.

Schedule L Balance Sheets per Books		Beginning of tax year	End of tax year		
		(a)	(b)	(c)	(d)
1	Cash		7,809.		7,214.
2a	Trade notes and accounts receivable.				
b	Less allowance for bad debts.				
3	Inventories				
4	U.S. government obligations.				
5	Tax-exempt securities (see instructions).				
6	Other current assets (attach stmt).				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	116,250.		116,250.	
b	Less accumulated depreciation	108,950.	7,300.	110,301.	5,949.
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)	750,000.		750,000.	
b	Less accumulated amortization		750,000.		750,000.
14	Other assets (attach stmt)				
15	Total assets		765,109.		763,163.
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach stmt)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock		1,000.		1,000.
23	Additional paid-in capital				
24	Retained earnings		764,109.		762,163.
25	Adjustments to shareholders' equity (att stmt)				
26	Less cost of treasury stock				
27	Total liabilities and shareholders' equity		765,109.		763,163.

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Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3 (see instructions)

1 Net income (loss) per books	-1,946.	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a Tax-exempt interest. \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 14l (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize):	
a Depreciation. \$		a Depreciation. \$	
b Travel and entertainment. \$			
4 Add lines 1 through 3	-1,946.	7 Add lines 5 and 6.	0.
		8 Income (loss) (Schedule K, ln 18). Ln 4 less ln 7....	-1,946.

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	861,378.		
2 Ordinary income from page 1, line 21			
3 Other additions			
4 Loss from page 1, line 21	(1,946.)		
5 Other reductions			
6 Combine lines 1 through 5	859,432.		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	859,432.		

SPSA0134L 08/17/16

Form 1120S (2016)

**Schedule K-1
(Form 1120S)**

Department of the Treasury
Internal Revenue Service

2016

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671113
OMB No. 1545-0123

OMB No. 1545-0123

For calendar year 2016, or tax
year beginning _____, 2016
ending _____

Shareholder's Share of Income, Deductions, Credits, etc. ▶ See page 2 of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number

B Corporation's name, address, city, state, and ZIP code
OSSAMAS, INC
BOULOS ESTAFANOUS
5100 SOUTH CORNELL
CHICAGO, IL 60615

C IRS Center where corporation filed return
e-file

Part II Information About the Shareholder

D Shareholder's identifying number

E Shareholder's name, address, city, state, and ZIP code
BOULOS ESTAFANOUS
8136 PORTSMOUTH DR
DARIEN, IL 60561

F Shareholder's percentage of stock ownership for tax year 100 %

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Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss) -1,946.	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5 a	Ordinary dividends		
5 b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8 a	Net long-term capital gain (loss)		
8 b	Collectibles (28%) gain (loss)		
8 c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions		
		17	Other information

*See attached statement for additional information.

BAA For Paperwork Reduction Act Notice, see Instructions for Form 1120S.
Shareholder 1

Schedule K-1 (Form 1120S) 2016

2016

Federal Statements

Page 1

Client OSSAMAS

OSSAMAS, INC

4/10/17

03:43PM

Statement 1
Form 1120S, Line 12
Taxes and Licenses

Payroll Taxes	\$	2,352.
Total	\$	2,352.

Statement 2
Form 1120S, Line 19
Other Deductions

Bank Charges	\$	263.
credit card chrges		7,475.
DISPOSAL		2,835.
Dues and Subscriptions		550.
Insurance		2,255.
Janitorial		655.
Laundry and Cleaning		1,921.
Legal and Professional		1,250.
Miscellaneous		685.
Office Expense		277.
Outside Services		153,550.
Parking and Tolls		810.
Supplies		63,681.
Telephone		2,946.
Uniforms		268.
Utilities		21,295.
Total	\$	260,716.

2016

Federal Supporting Detail

Page 1

Client OSSAMAS

OSSAMAS,INC

3

3
03:43PM

4/10/17

Ordinary Income
Gross receipts or sales

Total \$ 353,318.
\$ 353,318.



Illinois Department of Revenue

2016 Form IL-1120-ST

Small Business Corporation Replacement Tax Return

Due on or before the 15th day of the 3rd month following the close of the tax year.

If this return is not for calendar year 2016, enter your fiscal tax year here.

Tax year beginning 20, ending 20
 month day year month day year

Enter the amount you are paying.

\$

For tax years ending on or after December 31, 2016. For prior years, use the form for that year.

Step 1: Identify your small business corporation

- A Enter your complete legal business name.
 If you have a name change, check this box.

Name OSSAMAS, INC

- B Enter your mailing address.

- this is your first return, or
- you have an address change

c/o BOULOS ESTAFANOUS

Mailing address: 5100 SOUTH CORNELL

City: CHICAGO

State: IL ZIP: 60615

- J Enter your federal employer identification no. (FEIN).

- K Check this box if you are a member of a unitary business group, and enter the FEIN of the member who prepared the Schedule UB Combined Apportionment for Unitary Business Group. Attach Schedule UB to this return

- L Enter your North American Industry Classification System (NAICS) Code. See instructions.

812112

- M Enter your Illinois corporate file (charter) number issued by the Secretary of State

- N Enter the city, state, and zip code where your accounting records are kept. (Use the two-letter postal abbreviation e.g., IL, GA, etc.)

CHICAGO IL 60615
 City State Zip

- O If you are making the business income election to treat all nonbusiness income as business income, check this box and enter '0' on Lines 36 and 44.

- P If you have completed the following, check the box and attach the federal form(s) to this return.

Federal Form 8886 Federal Sch. M-3, Part II, Line 10

- Q If you are making a Discharge of Indebtedness adjustment on Schedule NLD, or Form IL-1120-ST, Line 48, check this box and attach federal Form 982.

- C Check the applicable box if one of the following applies.

First return Final return (If final, enter the date mm dd yyyy)

- D If this is a final return because you sold this business, enter the date sold (mm dd yyyy), and the new owner's FEIN.

- E Special Apportionment Formulas. If you use a special apportionment formula, check the appropriate box, and see the Special Apportionment Formula instructions.

Financial organizations Transportation companies
 Federally regulated exchanges

- F Check this box if you attached Form IL-4562.

- G Check this box if you attached Illinois Schedule M (for businesses).

- H Check this box if you attached Schedule 80/20.

- I Check this box if you attached Schedule 1299-A.

Step 2: Figure your ordinary income or loss

- ▼ 1 Ordinary income or loss, or equivalent from federal Schedule K
 2 Net income or loss from all rental real estate activities.
 3 Net income or loss from other rental activities.
 4 Portfolio income or loss.
 5 Net IRC Section 1231 gain or loss.
 6 All other items of income or loss that were not included in the computation of income or loss on Page 1 of U.S. Form 1120-S. See instructions. Identify:
 7 Add Lines 1 through 6. This is your ordinary income or loss.

(Whole dollars only)

1	-1,946.00
2	00
3	00
4	00
5	00
6	00
7	-1,946.00

- ▼ 8 Charitable contributions.
 9 Expense deduction under IRC Section 179.
 10 Interest on investment indebtedness.
 11 All other items of expense that were not deducted in the computation of ordinary income or loss on Page 1 of U.S. Form 1120-S. See instructions. Identify:
 12 Add Lines 8 through 11.

- ▲ 13 Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss.



OSSAMAS, INC

3

Step 4: Figure your income or loss

14	Enter the amount from Line 13. Unitary filers , enter the amount from Schedule UB, Step 2, Col E, Line 30.	14	-1,946.00
15	State, municipal, and other interest income excluded from Line 14.	15	00
16	Illinois replacement tax and surcharge deducted in arriving at Line 14.	16	00
17	Illinois Special Depreciation addition. Attach Form IL-4562.	17	00
18	Related-party expenses addition. Attach Schedule 80/20.	18	00
19	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	19	00
20	The amount of loss distributable to a shareholder subject to replacement tax. Attach Schedule B	20	00
21	Other additions. Attach Illinois Schedule M (for businesses).	21	00
22	Add Lines 14 through 21. This amount is your income or loss.	22	-1,946.00

Step 5: Figure your base income or loss

23	Interest income from U.S. Treasury or other exempt federal obligations.	23	00
24	Share of income distributable to a shareholder subject to replacement tax. Attach Schedule B	24	00
25	River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-A.	25	00
26	River Edge Redevelopment Zone Interest subtraction. Attach Schedule 1299-A.	26	00
27	High Impact Business Dividend subtraction. Attach Schedule 1299-A.	27	00
28	High Impact Business Interest subtraction. Attach Schedule 1299-A.	28	00
29	Contribution subtraction. Attach Schedule 1299-A.	29	00
30	Illinois Special Depreciation subtraction. Attach Form IL-4562.	30	1,351.00
31	Related-party expenses subtraction. Attach Schedule 80/20.	31	00
32	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	32	00
33	Other subtractions. Attach Schedule M (for businesses).	33	00
34	Total subtractions. Add Lines 23 through 33.	34	1,351.00
35	Base income or loss. Subtract Line 34 from Line 22.	35	-3,297.00

STOP:	A If the amount on Line 35 is derived inside Illinois only, check this box and enter the amount from Step 5, Line 35 on Step 7, Line 47. You may not complete Step 6. (You must leave Step 6, Lines 36 through 46 blank.)	<input checked="" type="checkbox"/>
	B If any portion of the amount on Line 35 is derived outside Illinois, check this box and complete all lines of Step 6. See instructions. (If you are a unitary filer, you must complete Lines 40 through 42).	<input type="checkbox"/>

Step 6: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

36	Nonbusiness income or loss. Attach Schedule NB.	36	00
37	Business income or loss included in Line 35 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	37	00
38	Add Lines 36 and 37.	38	00
39	Business income or loss. Subtract Line 38 from Line 35.	39	00
40	Total sales everywhere. This amount cannot be negative.	40	
41	Total sales inside Illinois. This amount cannot be negative.	41	
42	Apportionment factor. Divide Line 41 by Line 40 (carry to six decimal places).	42	
43	Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.	43	00
44	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.	44	00
45	Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	45	00
46	Base income or loss allocable to Illinois. Add Lines 43 through 45.	46	00



OSSAMAS, INC



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Step 7: Figure your net income

47	Base income or net loss from Step 5, Line 35, or Step 6, Line 46.	47	-3,297. 00
48	Discharge of indebtedness adjustment. Attach federal Form 982. See instructions.	48	00
49	Adjusted base income or net loss. Add Lines 47 and 48.	49	-3,297. 00
50	Illinois net loss deduction. Attach Schedule NLD. If Line 49 is zero or a negative amount, enter '0'.	50	0. 00
51	Net income. Subtract Line 50 from Line 49.	51	-3,297. 00

Step 8: Figure your net replacement tax, surcharge, and pass-through withholding payments you owe

52	Replacement tax. Multiply Line 51 by 1.5% (.015).	52	00
53	Recapture of investment credits. Attach Schedule 4255.	53	00
54	Replacement tax before investment credits. Add Lines 52 and 53.	54	00
55	Investment credits. Attach Form IL-477.	55	00
56	Net replacement tax. Subtract Line 55 from Line 54. If the amount is negative, enter '0'.	56	00
57	Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	57	00
58	Pass-through withholding payments you owe on behalf of your members. Enter the amount from Schedule B, Section A, Line 9. See Instructions. Attach Schedule B.	58	00
59	Total net replacement tax, surcharge, and pass-through withholding payments you owe. Add Lines 56, 57, and 58.	59	00

Step 9: Figure your refund or balance due

60	Payments. See instructions.	60a	00
a	Credit from prior year overpayments.	60b	00
b	Form IL-505-B (extension) payment.	60c	00
c	Pass-through withholding payments reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.	60d	00
d	Illinois gambling withholding. Attach Form(s) W-2G	60e	00
e	Form IL-516-I prepayments.	60f	00
f	Form IL-516-B prepayments.	61	00
61	Total payments. Add Lines 60a through 60f.	62	00
62	Overpayment. If Line 61 is greater than Line 59, subtract Line 59 from Line 61.	◆ 63	00
63	Amount to be credited forward . See instructions.	◆ 64	00
64	Refund. Subtract Line 63 from Line 62. This is the amount to be refunded.		

65 Complete to direct deposit your refund

Routing Number _____ Checking or Savings
 Account Number _____

66 **Tax Due.** If Line 59 is greater than Line 61, subtract Line 61 from Line 59.

This is the amount you owe.

66 00

► If you owe tax on Line 66, complete a payment voucher, Form IL-1120-ST-V. Write your FEIN, tax year ending, and 'IL-1120-ST-V' on your check or money order and make it payable to 'Illinois Department of Revenue.' **Attach** your voucher and payment to the first page of this form.

Special Note ► Enter the amount of your payment on the top of Page 1 in the space provided.

Step 10: Sign here

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Signature of authorized officer RICHARD BENJAMIN	Date	Title President	Phone 773-643-5200	Check this box if the Department may discuss this return with the paid preparer shown in this step. <input checked="" type="checkbox"/>
Signature of paid preparer Accurate Tax Service	Date	Paid preparer's PTIN P01509668	Address 3247 West 79th Street Chicago, IL 60652	

(773) 471-1040
Phone► If a payment is **not** enclosed, mail this return to:

Illinois Department of Revenue
P.O. Box 19032
Springfield, IL 62794-9032

► If a payment is enclosed, mail this return to:

Illinois Department of Revenue
P.O. Box 19053
Springfield, IL 62794-9053



Illinois Department of Revenue
2016 Schedule B Partners' or Shareholders' Information

Attach to your Form IL-1065 or Form IL-1120 ST.



Year ending
12 Month 2016 Year

IL Attachment no. 1

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

Enter your federal employer identification number (FEIN).

OSSAMAS, INC

E

Read this information first

- You must read the Schedule B instructions and complete Schedule(s) K-1-P and Schedule(s) K-1-P(3) before completing this schedule.
- You must complete Section B of Schedule B and provide all the required information for your partners or shareholders before completing Section A of Schedule B.

Note → Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Department. You may also be required to submit further information to support your filing.

Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)

Note → Before completing this section you must first complete Schedule(s) K-1-P, Schedule(s) K-1-P(3), and Schedule B, Section B. You will use the amounts from those schedules when completing this section.

Totals for resident and nonresident partners or shareholders (from Schedule(s) K-1-P and Schedule B, Section B)

- 1 Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions. 1 _____ 0 .
- 2 Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions. 2 _____
- 3 Add the amounts shown on Schedule B, Section B, Column E for all partners or shareholders on all pages for which you have entered a check mark in Column D. Enter the total here. See instructions. 3 _____

Totals for nonresident partners or shareholders only (from Schedule B, Section B)

- 4 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident individual members. See instructions. 4 _____
- 5 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident estate members. See instructions. 5 _____
- 6 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your partnership and S corporation members. See instructions. 6 _____
- 7 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident trust members. See instructions. 7 _____
- 8 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your C corporation members. See instructions. 8 _____
- 9 Add Line 4 through Line 8. This is the total pass-through withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Column J for all nonresident partners or shareholders on all pages. Enter the total here and on Form IL-1065, Line 59, or Form IL-1120-ST, Line 58. See instructions. 9 _____

► Attach all pages of Schedule B, Section B behind this page.



OSSMAS, INC.

Enter your name as shown on your Form IL-1065 or Form IL-1120 ST.

Section B: Members' information (See instructions before completing.)

A	B	C	D	E	F	G	H	I	J
Name and Address	Partner or Shareholder type	SSN or FEIN	Subject to Illinois replacement tax or an ESOP	Member's distributable amount of base income or loss	Excluded from pass-through payments	Share of Illinois income subject to pass-through withholding	Pass-through before credits	Distributable share of credits	Pass-through withholding amount
1 Name C/O Addr. 1 City	BOULOS ESTAFANOUS <u>8136 PORTSMOUTH DR</u> <u>DARIEN, IL 60561</u>			<u>1</u>	<u>34</u>	<u>2</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
2 Name C/O Addr. 1 City				<input type="checkbox"/>	<input type="checkbox"/>	<u>-3,297.</u>	<u>R</u>	<u>0.</u>	<u>0.</u>
3 Name C/O Addr. 1 City				<input type="checkbox"/>	<input type="checkbox"/>				
4 Name C/O Addr. 1 City				<input type="checkbox"/>	<input type="checkbox"/>				
5 Name C/O Addr. 1 City				<input type="checkbox"/>	<input type="checkbox"/>				

36-3874333

Enter your federal employer identification number (FEIN).

Note → If you have more members than space provided, attach additional copies of this page as necessary.
Schedule B (R-12/16) D: ZEN



Illinois Department of Revenue

IL-4562 Special Depreciation

For tax years ending on or after September 11, 2001.

Attach to your Form IL-1120, IL-1120-ST, IL-1065, IL-1041, or IL-1040.

Year ending
12 Month → 2016 Year

IL Attachment No. 11

Step 1: Provide the following information

OSSAMAS, INC

Enter your name as shown on your return.

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Enter your Social Security number (SSN) or
federal employer identification number (FEIN).

Special Note → You must read the instructions before completing Form IL-4562. Do not use negative figures.

Step 2: Figure your Illinois special depreciation addition

- 1 Enter the total amount claimed as a special depreciation allowance on federal Form 4562, Depreciation and Amortization, Line 14 or Line 25, for property acquired after September 10, 2001. 1 _____
- 2 **Individuals only:** Enter the total amount claimed as a special depreciation allowance from federal Form 2106, Employee Business Expenses. 2 _____
- 3 **Last year of regular depreciation:** Enter the total amount of all Illinois depreciation subtractions claimed on prior year IL-4562 forms, Step 3, Line 8, for this property. 3 _____
- 4 Add Lines 1 through 3. This is your Illinois special depreciation addition. Enter the total here and see instructions for the list of Illinois form and line references to report this addition. 4 _____

Step 3: Figure your Illinois special depreciation subtraction

- 5 a Enter the portion of depreciation allowance claimed on federal Form 4562, Line 17, plus Line 19, Column g, plus Line 26, Column h, for property for which you claimed a special depreciation allowance on federal Form 4562, Line 14 or 25, for this tax year, or any other tax year ending after September 10, 2001, for bonus depreciation **equal to 30 percent** of your basis in the property. 5 a _____

- b **Individuals only:** If you completed a federal Form 2106 for this tax year, enter the portion of any depreciation deductions included in Lines 4 and 38 for this tax year or any prior tax year for bonus depreciation **equal to 30 percent** of your basis in the property. 5 b _____

c Add Lines 5a and 5b. 5 c _____

6 Multiply Line 5c by 42.9% (0.429). 6 _____

- 7 a Enter the portion of depreciation allowance claimed on federal Form 4562, Line 17, plus Line 19, Column g, plus Line 26, Column h, for property for which you claimed a special depreciation allowance on federal Form 4562, Line 14 or 25, for this tax year, or any other tax year ending after September 10, 2001, for bonus depreciation **equal to 50 percent** of your basis in the property. 7 a _____ 1,351.

- b **Individuals only:** If you completed a federal Form 2106 for this tax year, enter the portion of any depreciation deductions included in Lines 4 and 38 for this tax year or any prior tax year for bonus depreciation **equal to 50 percent** of your basis in the property. 7 b _____

c Add Lines 7a and 7b. 7 c _____ 1,351.

d For tax years ending on or before December 31, 2005, multiply Line 7c by 42.9% (0.429). For tax years ending after December 31, 2005, enter the amount from Line 7c. 7 d _____ 1,351.

8 Add Lines 6 and 7d. 8 _____ 1,351.

9 **Last year of regular depreciation:** Enter the Illinois special depreciation addition reported on any prior year Form IL-4562, Step 2, Line 1 plus Line 2, for that asset. 9 _____

- 10 Add Lines 8 and 9. This is your Illinois depreciation subtraction for this year. Enter the total here and see instructions for the list of Illinois form and line references to report this subtraction. 10 _____ 1,351.

→ Attach this form to your Illinois return. ←

